

QUARTERLY AUDIT OF CONSCIOUS SEDATION CASES

Date Completed: _____

Quarter: _____

Number of Cases Reviewed: _____

Percentage of Cases Reviewed: _____

Moderate sedation is provided by qualified individuals.	%
Pre-procedure H&P completed.	%
Patient meets scope/criteria for type of sedation/anesthesia selected.	%
Appropriate pre-sedation laboratory and/or ECG testing completed and documented.	%
Level of patient risk adequately assessed and documented (ASA).	%
Risk/benefits discussed with patient and/or significant other for both procedure and type of sedation/anesthesia selected.	%
Intraoperative vital signs adequately monitored according to command/department policy.	%
Intentional plane of sedation achieved and maintained.	%
No requirement for medications to reverse deeper than intended plane of sedation.	%
Postoperative vital signs adequately monitored according to command/department policy.	%
Discharge criteria met (and documented).	%
Discharge instructions to patients and/or significant other appropriate and adequate for patient's condition.	%
Signature of Monitor and Operator noted.	%
Signature of discharging provider/nurse.	%
Narcotic usage and wastage documented properly.	%
Complications, not limited to these are documented and reported:	%
• Procedure lasting > 4 hrs	YES/NO
• Reversal agents used	YES/NO
• Unplanned transfer to ICC/MOR/WARD	YES/NO
• Hypoxemia (SpO ₂ <90%)	YES/NO
• Unresponsive patient	YES/NO
• Failed or abandoned procedure	YES/NO